

# Carroll County Health Department

822 South Mill Street  
Mt. Carroll, IL 61053

office: (815)244-8855  
fax: (815)244-5010

## Application for Food Service Establishment Permit

|                            |  |                  |                |
|----------------------------|--|------------------|----------------|
| <b>Establishment Name:</b> |  | <b>Phone #:</b>  | (   )   -      |
| <b>Address:</b>            |  |                  |                |
| <b>City:</b>               |  | <b>Zip Code:</b> |                |
| <b>Owner's Name:</b>       |  | <b>Phone #:</b>  | (   )   -      |
| <b>Address:</b>            |  |                  | <b>E-mail:</b> |
| <b>City:</b>               |  | <b>State:</b>    |                |
| <b>Manager's Name(s):</b>  |  |                  |                |

Check here if mailing address different from establishment address above.  $\frac{1}{2}$  (Provide address on reverse side)

### Certified Food Protection Management ( formerly FSSMC ) :

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

If more room is needed, provide on reverse side of application.

\*Does the Category I facility have a Certified Handler every shift potentially hazardous foods are handled? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Does the Category II facility have one full time Certified Handler? Yes \_\_\_\_\_ No \_\_\_\_\_

### Type of Establishment:

- ⇒ Restaurant    ⇒ Retail Grocery    ⇒ Bakery    ⇒ School    ⇒ Day Care Center    ⇒ Mobile Unit/⇒ Push Cart  
 ⇒ Tavern    ⇒ Delicatessen    ⇒ Meat Market    ⇒ Nursing Home    ⇒ Other \_\_\_\_\_

### Hours of Operation:

Monday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Tuesday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Wednesday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Thursday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Friday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Saturday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Sunday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm

### Hours of Preparation:

Monday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Tuesday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Wednesday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Thursday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Friday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Saturday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
 Sunday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm

Months operation is closed in a year: \_\_\_\_\_

### Permit Fee:

Permits for full time establishments are valid until November 30 of each year and application for renewal is due upon expiration of current permit. Fees are based on the potential risk for food-borne illness stated below:

|                            |          |
|----------------------------|----------|
| Category I Facilities      | \$150.00 |
| Category II Facilities     | \$125.00 |
| Category III Facilities    | \$100.00 |
| Bed & Breakfast Facilities | \$50.00  |

\*Risk classifications for establishments are based on the criteria given on the reverse side of application.

\*A late fee of 50% will be charged for all applications submitted after permit expires.

\*Exempt from fee: Registered non-for profit facilities

Affirm that the above information is true to the best of my knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

For office use only

|                 |                  |                  |
|-----------------|------------------|------------------|
| Amount paid:    | Permit Approved: | Permit Withheld: |
| Permit Expires: | Reasons:         |                  |
| Risk Category:  | Signature:       | Date:            |

Permit #: \_\_\_\_\_

## Classification of Establishments

For every establishment operating in Carroll County, the Health Department shall assess the relative risks of causing foodborne illness. This classification shall result in the facility being placed into a risk category as it relates to food safety. These "risk" categories are not meant to imply that any given establishment is less safe than others. The following criteria will be utilized within Carroll County.

### Category I Food Establishment:

1. Cooling of potentially hazardous food occurs as part of the food handling operations at the facility.
2. Potentially hazardous foods are prepared hot or cold and held hot or cold for more than 12 hours before serving.
3. Potentially hazardous foods which have been previously cooked and cooled are reheated.
4. Potentially hazardous foods are prepared for off-premises service and time-temperature requirements during transportation, holding and service are relevant.
5. Complex preparation of food, or extensive handling of raw ingredients with bare hand contact for ready-to-eat foods, occurs as part of the food handling operations at the facility.
6. Food packaging and/or other forms of reduced oxygen packaging are performed at the retail level.
7. Immunocompromised individuals are served, where these individuals comprise the majority of the consuming population.

### Category II Food Establishment:

1. Hot and cold foods are not maintained at that temperature for more than 12 hours and are restricted to the same day service.
2. Preparing foods for service from raw ingredients uses only minimal assembly.
3. Foods that require complex preparation (whether canned, frozen, or fresh prepared) are obtained from approved food processing plants, (category I) food service establishment or retail food stores.

### Category III Food Establishment:

1. Only pre-packaged foods are available or served in the facility, and any potentially hazardous foods available are commercially pre-packaged in an approved food processing plant.
2. Only limited preparation of non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages, occurs at the facility.
3. Only beverages (alcoholic or non-alcoholic) are served at the facility.

The Health Department may reclassify a facility based upon its experience with the facility (e.g., inspection history, number and frequency of violations, etc.) if, in the opinion of the Health Officer, a health hazard will not result from such reclassification.

| <b>Mailing Address</b> |  |               |  |                  |  |
|------------------------|--|---------------|--|------------------|--|
| <b>Name:</b>           |  |               |  |                  |  |
| <b>Address:</b>        |  |               |  |                  |  |
| <b>City:</b>           |  | <b>State:</b> |  | <b>Zip Code:</b> |  |

### Certified Food Service Sanitation Personnel (continued):

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name\_\_\_\_\_ ID#\_\_\_\_\_ Exp. Date\_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_